

A0435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	FOR COURT USE ONLY								
TRANSCRIPT ORDER FORM			DUE DATE:								
Please Read Instructions on Page 2.											
1. REQUESTOR'S INFORMATION:		NAME James E. Kolenich	TELEPHONE NUMBER (513) 324-0905								
DATE OF REQUEST 4/29/2019		EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) JEK318@GMAIL.COM									
MAILING ADDRESS Kolenich Law Office 9435 Waterstone Blvd. Suite 140		CITY, STATE, ZIP CODE Cincinnati OH 45249									
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER Heidi Wheeler OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR									
CASE NUMBER 3:17-cv-00072		CASE NAME Sines et al. v. Kessler et al.	JUDGE'S NAME Joel C. Hoppe								
DATE(S) OF PROCEEDING(S) 4/26/2019		TYPE OF PROCEEDING(S) Telephone Hearing (Motion)	LOCATION OF PROCEEDING Charlottesville VA								
REQUEST IS FOR: (Select one)		<input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)									
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):											
3. SERVICE TURNAROUND CATEGORY REQUESTED: <i>(See Page 2 for descriptions of each service turnaround category.)</i> <table border="0"> <tr> <td><input type="checkbox"/> Ordinary (30-Day)</td> <td><input type="checkbox"/> Daily</td> </tr> <tr> <td><input type="checkbox"/> 14-Day</td> <td><input type="checkbox"/> Hourly</td> </tr> <tr> <td><input checked="" type="checkbox"/> Expedited (7-Day)</td> <td><input type="checkbox"/> RealTime</td> </tr> <tr> <td><input type="checkbox"/> 3-Day</td> <td></td> </tr> </table>				<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily	<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime	<input type="checkbox"/> 3-Day	
<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily										
<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly										
<input checked="" type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime										
<input type="checkbox"/> 3-Day											
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).											
DATE 4/29/2019	SIGNATURE s/James E. Kolenich										

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders at:

<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.

PRINT

RESET FORM